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as twenty-four-hour duty. Often the nurse is only required to sleep in her patient's house, to be called if needed; then again she may be on duty twice or oftener during the night. If the latter continues for some time, the nurse soon feels the strain; should she not receive more pay than the nurse on twelve-hour duty? A patient cannot always afford two nurses, though so situated as to need one within call. Graduate nurses are now talking of an eight-hour day. What will that mean to the public, \$15 per twenty-four hours? One solution of the difficulty might be the employment of eight-hour nurses at a stated sum per hour, twelve-hour nurses at the flat rate of \$5, and twenty-four-hour nurses paid additionally, according to the number of times she is called at night. This schedule would allow nurses a chance to work hard for more money, and those who wish the shorter hours would receive less remuneration. It might also educate the public to realize that twenty-four-hour duty should be paid for at a higher rate, and enable considerate people to have a nurse within call without paying \$10 for twenty-four hours. Expert mechanics are paid for time, and overtime, why not the expert nurse?

New York

A. B. C.

THE EIGHT-HOUR DAY IN TRAINING SCHOOLS

Dear Editor: The necessity and advantages of an eight-hour day for nurses in training are under so much discussion at the present time that all who have to do with training schools are putting forth every effort to a solution of this problem. In many instances it is a difficult one, and as we have solved it in quite a satisfactory manner, we are offering to the readers of the JOURNAL the ways and means adopted by us, hoping that the suggestions may be of help to superintendents who are planning to adopt a similar schedule. Many objections are raised from various sources, chief among them being the additional number of nurses required, the inefficiency of the nursing service resulting from the frequent changing of nurses, and the inconvenience caused by the irregularity of meal hours for the nurses. In regard to the first objection we find that but few nurses are needed in addition to the present number in training and these we supplied by employing from one to three graduates, as occasion required. Ours is a two hundred-bed hospital, with a daily average of one hundred and forty patients. Our nurses in training number forty-five and the successful adoption of an eight-hour day with that number seemed almost impossible, but we were willing to try, and this is how we did it. We have eleven departments composed of one exclusively medical, one exclusively surgical, four medical and surgical combined, a children's department, a maternity department, a nursery, the operating room and the diet kitchen. We established the new schedule for nurses in all departments except the operating room, where it was impracticable with the usual allotment. Nurses in this department are still working a nine-hour day with a half day weekly and every alternate Sunday free. In all departments except the maternity, nursery and diet kitchen, we have one nurse working from 7 a. m. to 3 p. m.; one from 3 p. m. to 11 p. m.; and one from 11 p. m. to 7 a. m., the latter being the regular night nurse. In the maternity department and nursery we have two nurses working those shifts, the work there being heavier. To supply sufficient help during the busy hours of the day we have a broken shift, from 7 a.m. to 12:30 p. m. and from 4 to 6 p. m., which takes care of the morning and evening work and the serving of trays. To meet a special requirement in two departments we have a relief shift, the nurse working from 7 to 11:30 a. m. in the one, and from 7 to 10:30 p. m. in the other. In the diet kitchen we manage by supplying a lay helper who relieves the two nurses weekly, in turn, at 12 m.

On alternate Sundays these nurses are free from 9:30 a. m. to 4:30 p. m. to make up the extra working hour on week days. By careful thought and planning one can see how, by the rearranging of hours to meet special needs in the various departments, the work can go on smoothly and well. In answer to the second objection we can say from experience that the nursing service is not less efficient, for all nurses keep the same shift for a period of four weeks and remain in the same department for at least the same number of weeks. To obviate the irregularity of meal times, the nurses' meals are served at the usual hours, breakfast 6:30 a. m.; lunch 12:30 p. m.; dinner 6 p. m. The night nurses have breakfast at 7:30 a. m., as heretofore; dinner at 6 p. m.; and lunch at mid-night. The nurses working from 7 a. m. to 12:30 p. m. and 4 p. m. to 6 p. m. are at their meals at the regular times. The nurses working from 3 p. m. to 11 p. m. may sleep late if they do not care to rise for breakfast and at 9:30 hot coffee and toast are provided for them in the dining room. They have lunch and dinner at the usual times. This arrangement means but little inconvenience for the kitchen force. On the whole we have found an eight-hour day advantageous in every respect. Concretely, it results in more efficient, practical work from the nurses, because of the added time for rest and recreation; much better work in the class room on account of a daily hour of supervised study, made possible by the shorter working hours; and finally a more contented spirit generally in the training school. All classes are attended during the nurses' hours off duty, owing to the willing coöperation of the instructress. In concluding we would say that with good will and coöperation on the part of every member of the hospital personnel, an eight-hour day can be established in every training school throughout the country.

Utah

SISTERS OF THE HOLY CROSS.

RANK FOR NURSES

I.

Dear Editor: Rank for Nurses! For the benefit of those who may volunteer again, I'll do all I can to help obtain it. But as for myself, I don't think even rank will be any inducement. Never again will I be willing to endure, or see nurses humiliated as they were before. On duty we were given responsibilities which any nurse would be proud to shoulder, but when off duty we were treated as kindergarten pupils. We were not even allowed to invite an officer or civilian into our living room,—no, not even on the porch. We either walked civic center streets or took them to the "Y" hut. On moonshiny nights we had the sagebrush and railroad to rest on. On the wards we had very little authority. If the nurse were a smiling, baby-faced one, she got along fairly well, but a strictly business woman was, so to speak, "up against it." For instance, a nurse couldn't get the garbage emptied daily. She reported the matter to every one in charge from the ward-master to the O. D. without any result. Finally she took the matter to the assistant chief nurse, and she, not caring particularly for the nurse, had her removed for want of executive ability. Another nurse, after taking typhoid serum, lost weight steadily. She was put on the tubercular ward, and despite the fact that she was nervous and under weight, the chief nurse refused to even have her examined, saying it was unsubordination. She was kept there from June to December. That nurse to-day is a positive T. B. and the army is not taking care of her. Every nurse knows what the examination consists of on being discharged. The examining officer merely listens to your heart, and you sign a paper stating that you have been in no way impaired in health since entering the service. What can you do? Your trunk is at the